

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Noriaki Matsunaga et al.

Serial No.

10/628,689

Filed

July 28, 2003

For

SEMICONDUCTOR DEVICE AND ITS MANUFACTURING

METHOD

Examiner

Hoai V. Pham

Art Unit

2814

745 Fifth Avenue New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mall Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 28, 2004.

Bruno Polito, Reg. No. 38,580

(Name of Applicant, Assignee or Registered Representative)

Signature

June 28, 2004

Date of Signature

FEE VALUE ACCOUNTABILITY DEPOSIT ACCOUNT NO. So *™≥*0 FEE VALUE CODE

RESPONSE TO RESTRICTION REQUIREMENT AND AMENDMENT

14/2000 ATOHNSO MENTOS top: Acmendment 689
Ref: 00000000 Affin Top: Some none of the first for the f Re0.0Box 1450 1Adela Miria, VA 22313-1450 C: 1202

Dear Sir:

The Commissioner is hereby authorized to charge any additionally required fee or credit any overpayment therein to Deposit Account No. 50-0320 for considering, entry and recordal of the Declaration and Assignment.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP Attorneys for Applicants

By:

Registration No. 39,440

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10628689

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN	
			(Column	1)	(Colur	nn 2)	TYPE _		OR_	SMALL	ENTITY
TOTAL CLAIMS			21				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR E	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			21 minus 20=		•		XS 9=		OR	XS18=	18
INC	EPENDENT CL	AIMS	minus 3 =		* (X43=		OR	×8 6 €	84
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT				+145=		OB	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	852
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER ' AMENDMENT		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 70	Minus	** 6	21	=	X\$ 9=		OR	X\$18=	
	Independent	* 5	Minus	*** /	4	= 1	X43=		OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	
							TOTAL		1	TOTAĻ ADDIT. FEE	
,		(Column 3)	ADDIT, FEE		1 ,	AUUII. FEE	<u> </u>				
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		i	HEST	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	,	OR	X\$18=	
	Inaependent	*	Minus	***		=	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	1
							TOTAL		1	TOTAL	
(Column 1) (Column 2) (Column 3)							ADDIT FEE	L	70,,	ADDIT. FEE	= L
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	MEST MBÉR OUSLY FOR	(Column 3) PRESENT EXTRA	RATE	AÙDI- TIONAL FEE]_	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	* **		=	X4,3=		OR	X86=	
	FIRST PRESE	ULTIPLE DEPENDEN		T CLAIM		+145=	l	1	200		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								·	OR	+290= TOTA	
**	If the "Highest Nu	mber Previously P	aid For" IN TH	IIS SPACE	is less that	an 20, enter "20," an 3, enter "3,"	ADDIT. FEE	<u> </u>	JOR	ADDIT. FEI	
	The "Highest Num	ther Previously Pa	id For" (Total	or Independ	dent) is the	e highest number	found in the ap	propriate be	ox în co	dumn 1.	

FORM PTO-875 (Rev 10/03)